Reset Form

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R14 / 2-15) / CSB 425A
Approved by State Board of Accounts, 2015

INSTRUCTIONS:

1. *Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.*
2. *If multiple other parents, complete one application for each.*

PRIVACY STATEMENT

*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

NOTICE *(please read)*

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a parent outside the home. These services are: Complete Service or Parent Locator Service Only. ***ALL FEES FOR SERVICES ARE NONREFUNDABLE.***

COMPLETE SERVICE: *The applicant will be entitled to the Parent Locator Service and the services of the local county Prosecutor's IV-D Child Support Office. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or parenting time, nor matters other than those associated with the support of dependent children. All support payments must be directed to the State of Indiana for disbursement.* ***ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.***

In addition, the Tax Refund Offset Project may be used to collect child support arrearages. Application for complete service does not guarantee that your case will be submitted for tax refund offset nor that tax refund monies will be collected. If any children of the non-custodial parent have received TANF in the past, any collection made from an offset will first be applied to any unreimbursed public assistance on any former or current TANF case. If the IRS recalls any portion of an offset refund that has already been paid to you, you are obligated to repay the State of Indiana the amount recalled by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been fulfilled.

PARENT LOCATOR SERVICE ONLY: *The applicant will be entitled to resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location.*

TERMINATION OF SERVICES: *The applicant may terminate services (if fees, costs and any child support overpayments have been paid in full) by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may be terminated only in accordance with 45 C.F.R. 303.11.*

APPLICANT'S OBLIGATIONS: *The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support Office of change of address, supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.*

APPLICANT'S AFFIRMATION

I hereby swear and affirm under the penalties of perjury that the information contained in this application is true and correct to the best of my knowledge and providing false information could result in perjury charges being filed against me.
I understand that I am to cooperate with the local county Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of services offered by the IV-D agency. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE.**

I hereby request the following service under the terms outlined above:
☐ Complete Service ☐ Parent Locator Service Only

Type of Services Requested:
☐ Paternity Establishment ☐ Support Establishment ☐ Support Modification ☐ Establishment/Enforcement Health Insurance

Signature of applicant		Date signed *(month, day, year)*
Application taken by:	Fee paid $	Case number

FOR OFFICIAL USE ONLY:

Case Type	Assigned County of Ownership	Special Handling ☐ Applicant ☐ Other Parent
Notes/Description		

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES *(continued)*

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Is Applicant under age of eighteen (18)? ☐ Yes ☐ No	*If yes, Guardian must also complete the "Applicant Guardian Data" section.*

APPLICANT DATA

Full name of applicant *(last, first and middle initial)*			Relationship to dependents on this application (e.g. mother, father, other)	
Alias			Maiden	
Previous			Nickname	
Date of birth *(month, day, year)*	Gender	Race	Social Security number* / ITIN	Alien Identification number
Is English primary language? ☐ Yes ☐ No *(If no, please provide.)*	Primary language		Interpreter needed? ☐ Yes ☐ No	
Is special assistance needed? ☐ Yes ☐ No *(If yes, please specify.)*	Specify assistance here *(i.e. Physical, Hearing Impaired, Other)*			
Address of applicant *(number and street, rural route number, apartment, or room number, city, state, and ZIP code)*				
My mailing address is: ☐ Same as above ☐ Different *(If different, print below including COUNTY.)*				
Mailing address of applicant *(number and street, rural route number, apartment, or room number, city, state, and ZIP code - please include County)*				
Telephone number *(home)* ( )	Telephone number *(work)* ( )	Telephone number *(mobile/other)* ( )	E-mail address	
Preferred Method of Contact: ☐ Personal E-mail/Work/Other E-mail ☐ Mobile telephone number ☐ Home telephone number ☐ Work telephone number ☐ Mail				
Is there a history of family violence? ☐ Yes ☐ No *(If yes, complete next box.)*	Was a police report filed? ☐ Yes ☐ No	Date filed *(month, day, year)*	City and state filed	
Are you party to an active protective order related to the parties on this application? ☐ Yes ☐ No *(If yes, complete the following boxes.)*	County of court order	State of court order		
Cause number	Date of court order *(month, day, year)*	Covered individuals		
Are you currently employed? ☐ Yes ☐ No *(If yes, complete next box.)*	Name of employer			
Address of employer *(number and street, rural route number, apartment, or room number, city, state, and ZIP code)*				
Military Status ☐ Never ☐ Active ☐ Reserve ☐ Retired	List Military Branch here *(Army, Navy, Marines, Air Force or Coast Guard)*			
Have you previously received Child Support Services from another state or county for the listed Dependents? ☐ Yes ☐ No *(If yes, complete next box.)*				
County and State where services were previously received.	Is there an adoption pending for any child listed on this application? ☐ Yes ☐ No			
Are you requesting child support services for an unborn child? ☐ Yes ☐ No	What is the expected due date? *(month, day, year)*			
Are you or any listed Dependents currently receiving Medicaid? ☐ Yes ☐ No				
Marital status of applicant to other parent ☐ Never married ☐ Married ☐ Divorce pending ☐ Divorced ☐ Legally separated ☐ Separated				
Date of marriage *(month, day, year)*	Location of marriage *(county and state)*			
Date divorce filed *(month, day, year)*	Location of divorce filing *(county and state)*			
Date of divorce *(month, day, year)*	Location of divorce *(county and state)*			
Date legally separated *(month, day, year)*	Date separated *(month, day, year)*	Location of separation filing *(county and state)*		

APPLICANT GUARDIAN DATA

Guardian name of applicant *(first, middle, last and suffix)*	Relationship to dependents on this application (e.g. mother, father, other)
Guardian address *(number and street, rural route number, apartment, or room number, city, state, and ZIP code)*	
Country *(If outside of US, complete the following box.)*	International code

Guardian mailing address is:
☐ Same as applicant above ☐ Same as above ☐ Different *(If different, print below.)*

Guardian address *(number and street, rural route number, apartment, or room number, city, state and ZIP code)*	
Country *(if outside of US, complete the following box)*	International code

Telephone number *(home)*	Telephone number *(work)*	Telephone number *(mobile/other)*	E-mail address
( )	( )	( )	

DEPENDENT INFORMATION

Last name	First name	Middle name
Suffix	Alias	Nickname

Date of birth *(month, day, year)*	Place of birth	Gender	Race	Social Security number* / ITIN

Does this child receive SSD or SSI benefits? ☐ Yes ☐ No	SSD Amount	SSI Amount

Is the child of this application currently placed in foster care? ☐ Yes ☐ No	Was this child born out of wedlock? ☐ Yes ☐ No *(If yes, then complete the following box.)*
Has paternity been established for this child? ☐ Yes ☐ No *(If yes, then complete the following information.)*	How was paternity established? (*If by Court Order, complete the following information.)* ☐ Court order ☐ Paternity affidavit

Date of court order *(month, day, year)*	Name of court

County of court	State of court	Court cause number

Do you have a private attorney handling paternity and/or support matters for the child of this application?
☐ Yes ☐ No

Name of attorney *(first, last, and suffix)*	Telephone number of attorney ( )

Do you have a court ordered support obligation for child(ren) listed on the application?
☐ Yes ☐ No ☐ Unknown *(If yes, complete the following information.)*

Name of court		
County of court	State of court	Court cause number

Is there a court order for custody? ☐ Yes ☐ No *(If yes, complete the following box.)*	Name of person granted custody by court

DEPENDENT INFORMATION

Last name	First name	Middle name
Suffix	Alias	Nickname

Date of birth *(month, day, year)*	Place of birth	Gender	Race	Social Security number* / ITIN

Does this child receive SSD or SSI benefits? ☐ Yes ☐ No	SSD Amount	SSI Amount

Is the child of this application currently placed in foster care? ☐ Yes ☐ No	Was this child born out of wedlock? ☐ Yes ☐ No *(If yes, then complete the following box.)*
Has paternity been established for this child? ☐ Yes ☐ No *(If yes, then complete the following information.)*	How was paternity established? (*If by Court Order, complete the following information.)* ☐ Court order ☐ Paternity affidavit

Date of court order *(month, day, year)*	Name of court

DEPENDENT INFORMATION *(continued)*

County of court	State of court	Court cause number

Do you have a private attorney handling paternity and/or support matters for the child of this application?
☐ Yes ☐ No

Name of attorney *(first, last, and suffix)*	Telephone number of attorney ( )

Do you have a court ordered support obligation for child(ren) listed on the application?
☐ Yes ☐ No ☐ Unknown *(If yes, complete the following information.)*

Name of court

County of court	State of court	Court cause number

Is there a court order for custody? ☐ Yes ☐ No *(If yes, complete the following box.)*	Name of person granted custody by court

DEPENDENT INFORMATION

Last name	First name	Middle name

Suffix	Alias	Nickname

Date of birth *(month, day, year)*	Place of birth	Gender	Race	Social Security number* / ITIN

Does this child receive SSD or SSI benefits? ☐ Yes ☐ No	SSD Amount	SSI Amount

Is the child of this application currently placed in foster care? ☐ Yes ☐ No	Was this child born out of wedlock? ☐ Yes ☐ No *(If yes, then complete the following box.)*
Has paternity been established for this child? ☐ Yes ☐ No *(If yes, then complete the following information.)*	How was paternity established? (*If by Court Order, complete the following information.)* ☐ Court order ☐ Paternity affidavit

Date of court order *(month, day, year)*	Name of court

County of court	State of court	Court cause number

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☐ Yes ☐ No

Name of attorney *(first, last, and suffix)*	Telephone number of attorney ( )

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☐ Yes ☐ No ☐ Unknown *(If yes, complete the following information.)*

Name of court

County of court	State of court	Court cause number

Is there a court order for custody? ☐ Yes ☐ No *(If yes, complete the following box.)*	Name of person granted custody by court

DEPENDENT INFORMATION

Last name	First name	Middle name

Suffix	Alias	Nickname

Date of birth *(month, day, year)*	Place of birth	Gender	Race	Social Security number* / ITIN

Does this child receive SSD or SSI benefits? ☐ Yes ☐ No	SSD Amount	SSI Amount

Is the child of this application currently placed in foster care? ☐ Yes ☐ No	Was this child born out of wedlock? ☐ Yes ☐ No *(If yes, then complete the following box.)*
Has paternity been established for this child? ☐ Yes ☐ No *(If yes, then complete the following information.)*	How was paternity established? (*If by Court Order, complete the following information.)* ☐ Court order ☐ Paternity affidavit

Date of court order *(month, day, year)*	Name of court

DEPENDENT INFORMATION *(continued)*

County of court	State of court	Court cause number

Do you have a private attorney handling paternity and/or support matters for the child of this application?
☐ Yes ☐ No

Name of attorney *(first, last, and suffix)*	Telephone number of attorney ( )

Do you have a court ordered support obligation for child(ren) listed on the application?
☐ Yes ☐ No ☐ Unknown *(If yes, complete the following information.)*

Name of court

County of court	State of court	Court cause number

Is there a court order for custody? ☐ Yes ☐ No *(If yes, complete the following box.)*	Name of person granted custody by court

PARTICIPANT INFORMATION FOR OTHER PARENT

Full name of other parent *(last, first, middle)*	Relationship to Dependents on this application *(e.g. Mother, Father, Guardian, Other)*

Alias *(last, first, middle)*	Maiden
Previous	Nickname

Last known mailing address *(number and street, PO Box, rural route number, apartment, or room number, city, state and ZIP code - please include County)*

Last known street address:
☐ Check here if the same. (*If different, complete the information below.)*

Mailing address *(number and street, rural route number, apartment, or room number, city, state and ZIP code - please include County)*

Country *(If outside of US, complete the following box.)*	International code

Telephone number *(home)* ( )	Telephone number *(work)* ( )	Telephone number *(mobile/other)* ( )	E-mail address

Date of birth *(month, day, year)*	Approximate age range	Gender	Race	Social Security number* / ITIN	Alien Identification number

Is English primary language? ☐ Yes ☐ No *(If no, please provide)*	Primary language	Interpreter needed? ☐ Yes ☐ No

Is special assistance needed? ☐ Yes ☐ No *(If yes, please specify)*	Specify assistance here *(i.e. Physical, Hearing Impaired, Other)*

Is the other parent currently incarcerated? ☐ Yes ☐ No	County of incarceration	State of incarceration	Name of Department of Correction facility

Height	Weight	Hair color	Facial hair
Color of eyes	Glasses	Distinguishing marks / tattoos	Other identifying characteristics

Last known employer	Telephone number of employer ( )

Address of employer *(number and street, city, state and ZIP code - please include Country)*	International Code

Military Status ☐ Never ☐ Active ☐ Reserve ☐ Retired	List Military Branch here *(Army, Navy, Marines, Air Force or Coast Guard)*	Deployed Overseas? ☐ Yes ☐ No

Is the other parent deceased? ☐ Yes ☐ No *(If yes, please complete the following information.)*	Date of death *(month, day, year)*	Place of death *(city, county, state, country)*

Photo available of other parent?
☐ Yes ☐ No

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES *(continued)*

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TO BE COMPLETED BY COUNTY OFFICE		
Application taken by:	Date *(month, day, year)*	Application request number
APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES - ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE		
Name of applicant		

AGREEMENT *(TO BE COMPLETED BY THE APPLICANT)*	
I understand and agree that support payments collected hereafter from the non-custodial parent named above on behalf of myself and/or the above named children will be paid to the Department of Child Services, Child Support Bureau, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained on page one of the "Application for Title IV-D Child Support Services", executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Title IV-D Child Support Services".	
Printed name of applicant	
Signature of applicant X	Date signed *(month, day, year)*